

NIXON PEABODY LLP
Attorneys at Law

Suite 900
401 9th Street, N.W.
Washington, D.C. 20004-2128
(202) 585-8000

Fax: (202) 585-8080

PRIVILEGE AND CONFIDENTIALITY NOTICE

The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (202) 585-8000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

FAX

To:	Company	Fax #:	Telephone #:
1) Examiner C.M. Broussard	USPTO	571-273-2799	
2)			
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	
Comments: U.S. Serial No. 10/728,990 Inventor: Tae Seung OH			

Original of the transmitted document will be sent by:

☐ First Class Mail

☐ Overnight Mail

☐ Hand Delivery

☐ This transmission will be the only form of delivery of this document

IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (202) 585-8000. THANK YOU.

CONFIRMATION: DATE SENT _____ TIME _____ BY _____

INTEROFFICE TO:

<input type="radio"/> Albany	<input type="radio"/> Boston	<input type="radio"/> Buffalo	<input type="radio"/> Garden City	<input type="radio"/> Hartford	<input type="radio"/> Los Angeles	<input type="radio"/> Manchester
<input type="radio"/> New York City	<input type="radio"/> Northern Virginia	<input type="radio"/> Orange County	<input type="radio"/> Philadelphia	<input type="radio"/> Providence	<input type="radio"/> Rochester	
<input type="radio"/> San Francisco	<input type="radio"/> Washington					

To:	Company	Fax #:	Telephone #:
1) Examiner C.M. Broussard	USPTO	571-273-2799	
2)			
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	Client/Matter: 741196-25
User #: 8682	Ext: 8206	Disbursement Amount: \$	

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2005		(Indicate if Known)	
Application Number		10/728,990	
Filing Date		December 8, 2003	
First Named Inventor		Tae Seung OH	
Examiner Name		C.M. Broussard	
Art Unit		2835	
Attorney Docket No.		741196-25	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(S) 600.00		

METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☒ Deposit Account
 Deposit Account Number: 19-2380
 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION
1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
10	- 20 or HP =					

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 3 or HP =	3	100

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number)	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Thomas W. Cole</i>	Registration No. 28,290 (Attorney/Agent)	Telephone 202-585-8000
Name (Print/Type)	Thomas W. Cole	Date	February 14, 2005

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450